



Card # _____

ASSOCIATE MEMBERSHIP

Valid November 1, 2012 – October 31, 2013

NAME: _____
Last First Middle Initial

Street City Zip

Phone: () _____ EMAIL: _____

I.D. VERIFICATION REQUIRED

License / State: _____

License / Number: _____

I have received a copy of the Rules and Regulations for Fairwinds Golf Course Card Holders and agree to abide by them as stated. Failure to comply with these rules and regulations could result in loss of the Card Holder privileges and/or golf privileges.

Signature _____ Date _____

OFFICE USE ONLY

County Card Nov 1 – Oct 31
Price: \$50.00
Tax: \$ 3.25
TOTAL: \$53.25

County Card May 1 – Oct 31
Price: \$37.50
Tax: \$2.44
TOTAL: \$39.94

Verified Information: _____
Pro Shop Attendant Initials

Received Payment: _____
Cashier Initials

Data Entered: _____